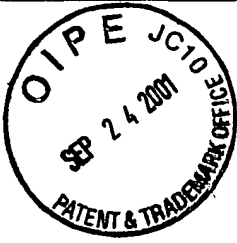
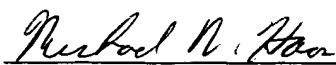


#4

<b>PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)</b>		Atty. Docket No. 00-02																				
	Inventor(s): SUN et al.																					
	Appln. No.: 09/814,143	Conf. No.: 2483																				
	Filed: March 21, 2001																					
	Title: Medical Information Management System and Patient Interface Appliance																					
	Examiner: Unknown	Group Art Unit: 2161																				
	Express Mail Label No. (if applicable): N/A																					
<p>This is a request under the provisions of 37 C.F.R. § 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee from the original due date of <u>June 30, 2001</u> are as follows:</p> <p>(check time period desired)</p> <table style="width: 100%; border: none;"><tr><td style="width: 15%;"><input type="checkbox"/></td><td style="width: 55%;">One month - 37 C.F.R. § 1.17(a)(1)</td><td style="width: 10%; text-align: right;">\$</td><td style="width: 20%; border-bottom: 1px solid black;"></td></tr><tr><td><input type="checkbox"/></td><td>Two months - 37 C.F.R. § 1.17(a)(2)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td><input checked="" type="checkbox"/></td><td>Three months - 37 C.F.R. § 1.17(a)(3)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;">890.00</td></tr><tr><td><input type="checkbox"/></td><td>Four months - 37 C.F.R. § 1.17(a)(4)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td><input type="checkbox"/></td><td>Five months - 37 C.F.R. § 1.17(a)(5)</td><td style="text-align: right;">\$</td><td style="border-bottom: 1px solid black;"></td></tr></table> <p>Less the previous extension fee of \$ _____ paid in papers dated _____, which were filed in the present application subsequent to the original due date.</p> <p><input checked="" type="checkbox"/> Fee Transmittal Form Attached. (Submit original and a duplicate for fee processing)</p> <p><input checked="" type="checkbox"/> A check covering the amount due of \$ <u>890.00</u> is enclosed (check no. <u>1019</u>).</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to Deposit Account No. 50-0558.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0558. A duplicate copy of this sheet is enclosed.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest.</p> <p style="margin-left: 40px;"><input type="checkbox"/> applicant.</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent acting under 37 C.F.R. § 1.34(a), Registration No. 35,174</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p style="text-align: center;">September 21, 2001</p><p style="text-align: center;">Date</p></div><div style="width: 45%; text-align: center;"> _____ Signature</div></div> <div style="display: flex; justify-content: center; margin-top: 10px;"><p style="text-align: center;">Michael W. Haas</p><p style="text-align: center;">_____ Typed Name</p></div>			<input type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$		<input type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$		<input checked="" type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$	890.00	<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$		<input type="checkbox"/>	Five months - 37 C.F.R. § 1.17(a)(5)	\$	
<input type="checkbox"/>	One month - 37 C.F.R. § 1.17(a)(1)	\$																				
<input type="checkbox"/>	Two months - 37 C.F.R. § 1.17(a)(2)	\$																				
<input checked="" type="checkbox"/>	Three months - 37 C.F.R. § 1.17(a)(3)	\$	890.00																			
<input type="checkbox"/>	Four months - 37 C.F.R. § 1.17(a)(4)	\$																				
<input type="checkbox"/>	Five months - 37 C.F.R. § 1.17(a)(5)	\$																				

09/26/2001 MBERHE 00000021 09814143

02 FC:117

890.00 0P